

CITY OF GRAND RAPIDS  
CITY ASSESSOR

APPLICATION FOR EXEMPTION OF REAL AND/OR PERSONAL PROPERTY

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INSTRUCTIONS TO THE APPLICANT:

1. To be eligible for exemption, the property must have been owned and occupied by the applicant on December 31 of the year preceding the assessment for which exemption is sought.
2. Application for exemption must be **filed no later than the second Monday in March**. All pages of this application must be completed.
3. Please notify the Assessor's Office immediately of the sale or lease of this or any other property belonging to your organization which is now exempt.
4. If you need additional space to respond to any of these questions, please attach your response indicating which questions it pertains to.
5. Provide one additional copy of the entire application.
6. ***Ordinance No 2014-77 makes it a criminal misdemeanor offense to provide false information on any form required to be filed with the City Assessor. Offenses will be prosecuted in the 61<sup>st</sup> District Court.***

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To the Assessor:

1. The undersigned applicant requests exemption of the following real and/or personal property located in the City of Grand Rapids, beginning with the assessment year of **2021**.
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Permanent Parcel Number \_\_\_\_\_
4. Name of applicant claiming exemption of real and/or personal property.  
\_\_\_\_\_
5. Name of organization or individual owning the real and/or personal property.  
\_\_\_\_\_
6. Please indicate under what state statute the applicant is claiming to be exempt from taxation.  
\_\_\_\_\_ Elderly or Handicapped Housing owned by certain nonprofit organizations (Tax to be paid by State of Michigan 211.7d).

- \_\_\_\_\_ Property owned by certain nonprofit cultural or educational organizations (211.7n).
- \_\_\_\_\_ Property of nonprofit charitable institutions (211.7o).
- \_\_\_\_\_ Homes for the aged or chronically ill owned by religious, fraternal, secret societies, or nonprofit corporations (211.7o).
- \_\_\_\_\_ Memorial homes or posts owned by any veterans association (211.7p).
- \_\_\_\_\_ Property owned by youth organizations (211.7g).
- \_\_\_\_\_ Clinic, hospital, or public health property (211.7r).
- \_\_\_\_\_ Houses of public worship, parsonages (211.7s).
- \_\_\_\_\_ OTHER (please specify) \_\_\_\_\_

7. Please describe all uses made of the property during calendar year 2020. Use additional sheets if necessary.
8. Please state when the property was first owned and occupied by the applicant.
9. When first owned and occupied by the applicant, what was the nature of the use?
10. Did the use identified in #9 above change significantly at any time?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Please list any other property located in the City of Grand Rapids that the applicant owns and occupies which will no longer be used for a tax exempt purpose.
12. Did any individual(s) or organization(s) other than the applicant use and/or rent any portion of the property during calendar year 2020?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

- a. If yes, please provide names, addresses and phone numbers of the individuals or organizations.
  - b. For each individual or organization listed above in the answer to 12a, please provide the following information: amount of building square footage occupied, amount of annual rent charged, amount of annual rent received, the nature of the use.
13. What is the date that the applicant acquired the property?
14. Please provide the purchase price of the property paid by the applicant on the acquisition date supplied above (see question 13). \_\_\_\_\_
15. Please furnish the following contact information of the applicant's representative whom the City may contact for further information.  
  
Name \_\_\_\_\_  
  
Relationship to Applicant \_\_\_\_\_  
  
Business Address \_\_\_\_\_  
  
\_\_\_\_\_  
  
Telephone Number \_\_\_\_\_  
  
Email Address \_\_\_\_\_
16. Please list the names, addresses and telephone numbers of all current officers and members of the Board of Directors.
17. Please state the dates of the two prior board meetings and who attended.
18. How many officers, directors and employees does the applicant employ that receive salaries?

19. Please indicate all sources of funding of the applicant and the percentage each source contributes to the total.

a. Does your organization solicit any funds from the general public over the telephone?

\_\_\_\_\_Yes                      \_\_\_\_\_No

20. If you are seeking an exemption as a charitable, benevolent, educational, public health or youth organization...

a. Please describe the exact type of services that the applicant provides.

b. Please describe the population or group that the applicant serves.

c. Please describe how the recipients of the services provided by the applicant are selected.

d. Does the applicant discriminate on the basis of color, race, sex, religion or creed, age, national origin or marital status in providing your services?

\_\_\_\_\_Yes                      \_\_\_\_\_No

If yes, please explain.

e. Does the applicant charge a fee for services?

\_\_\_\_\_Yes                      \_\_\_\_\_No

If yes, please explain how the fees are determined.

21. **REQUIRED ATTACHMENTS** – Please provide the following for the applicant and each organization named in the answer to question 12a.

1. Copy of Articles of Incorporation
2. Copy of By-Laws
3. Copy of any pamphlet or other information or literature describing the functions of the organization
4. Copy of previous 3 years of Income Tax filings, including 990 forms

5. Copies of all leases including sub-leases in effect at the subject property during calendar year 2020.
6. Copy of instrument by which property was acquired (warranty deed, quit claim deed, land contract, or bill of sale)

22. I hereby swear that the above information is true and complete.

\_\_\_\_\_  
Preparer's Name

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Preparer's Title

\_\_\_\_\_  
Preparer's Email Address

.....  
FOR OFFICE USE ONLY

\_\_\_\_\_ MEETS LEGAL REQUIREMENTS

EXEMPTION QUALIFIES UNDER SECTION \_\_\_\_\_

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ DOES NOT MEET LEGAL REQUIREMENTS

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
BY: CITY ATTORNEY

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BY: CITY ASSESSOR

\_\_\_\_\_  
DATE